

# HAND DELIVERED

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## UNITED STATES HOUSE OF REPRESENTATIVES

### 2018 FINANCIAL DISCLOSURE STATEMENT

Form A  
For Use by Members, Officers, and Employees

*MC*  
U.S. HOUSE OF REPRESENTATIVES  
LEGISLATIVE RESOURCE CENTER  
2019 MAY 15 PM 3:55  
(Office Use Only)

Name: Paul A. Gosar D.D.S.

Daytime Telephone: 202-225-2315

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>AZ</u>	Officer or Employee	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
REPORT TYPE	<input checked="" type="checkbox"/> 2018 Annual (Due: May 15, 2019)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination:

### PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</b>	

### IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## **SCHEDULE A – ASSETS & “UNEARNED INCOME”**

Name: Paul A. Gosar D.D.S.

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**Use additional sheets if more space is required.**

**SCHEDULE A – ASSETS & “UNEARNED INCOME”**

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BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income												BLOCK E Transaction												
			A	B	C	D	E	F	G	H	I	J	K	L		M	N	O	P	Q	R	S	T	U	V	W	X
ASSET NAME	EF	DC	LT																								
None																											
\$1-\$1,000																											
\$1,001-\$15,000																											
\$15,001-\$50,000																											
\$50,001-\$100,000																											
\$100,001-\$250,000																											
\$250,001-\$500,000																											
\$500,001-\$1,000,000																											
\$1,000,001-\$5,000,000																											
\$5,000,001-\$25,000,000																											
\$25,000,001-\$50,000,000																											
Over \$50,000,000																											
Spouse/DC Asset over \$1,000,000*																											
NONE																											
DIVIDENDS																											
RENT																											
INTEREST																											
CAPITAL GAINS																											
EXCEPTED/BLIND TRUST																											
TAX-DEFERRED																											
Other Type of Income (Specify, e.g., Partnership Income or Farm Income)																											
None																											
\$1-\$200																											
\$201-\$1,000																											
\$1,001-\$2,500																											
\$2,501-\$5,000																											
\$5,001-\$15,000																											
\$15,001-\$50,000																											
\$50,001-\$100,000																											
\$100,001-\$1,000,000																											
\$1,000,001-\$5,000,000																											
Over \$5,000,000																											
Spouse/DC Asset with Income over \$1,000,000*																											
P.S. Sign here _____																											

Use additional sheets if more space is required.

**SCHEDULE B – TRANSACTIONS**

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**Use additional sheets if more space is required.**

**SCHEDULE C – EARNED INCOME**

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**INCLUDE:** List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

### **Security Act**

Source (include date of receipt for honoraria)	Type	Amount
	Approved Teaching Fee	\$6,000

Source (include date of receipt for honoraria)	Type	Amount
Kenne State	Approved Teaching Fee	\$8,000
State of Maryland	Lectative Payment	\$10,000
Civil War Roundtable (Oct. 2)	Associate Speaker	\$1,000
Ontario County Board of Education	Spouse Salary	N/A

**Use additional sheets if more space is required.**

## SCHEDULE D – LIABILITIES

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**Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period.** **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. **Report a revolving charge account** (*i.e.*, credit card) only if the balance at the close of the reporting period exceeded \$10,000.

## SCHEDULE E – POSITIONS

**Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.**

**Use additional sheets if more space is required.**

## SCHEDULE F – AGREEMENTS

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; contribution or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

## SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

**Use additional sheets if more space is required.**

## **SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS**

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Use additional sheets if more space is required.

**SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA**

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**List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.**

**Use additional sheets if more space is required.**